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As U.S. drug control policy hardened to a prohibitionist stance in the wake of international control legislation and the 1914 Harrison Narcotics Act, the female drug user remained a barely visible part of the drug scene. The hard line on drugs extended into the 1950s; it was only after the modification of national policy towards drug use during the 1960s, with an acceptance of the disease view of addiction and the consequent rise of methadone maintenance, that women started to emerge in their own right. In perhaps the most original part of the book, Kandall traces the emergence of women focused research and other programmes after the establishment of the National Institute of Drug Abuse in 1974. NIDA's use of epidemiological national surveys made the role of women in drug use clearer; and the womens' movement also took this up as an issue. But the Reagan administration saw a harsher line imposed. Concern about drug use in pregnancy was revived, fuelled by the role of drug use in the transmission of HIV/AIDS, and leading to cases such as the Johnson one.

This is an interesting book, packed with historical "fact". Kandall and his research assistant have worked hard, as he acknowledges. I would have preferred a little more standing back from the material. It would have been useful to have some general themes outlined and contextualized. How problems emerge and who defines them are not part of the book's agenda. Women and drug use have emerged both as a "risk group" for policy makers and as a variously defined feminist issue since the 1970s. Both epidemiology and psychology have been involved as explanatory frameworks. The focus on women as mothers mirrors the turn of the century concern for womens' role in the "future of the race". The tension between the objective ongoing "realities" and dimensions of female drug use and its policy and public definition is not explicitly addressed. Kandall's final chapter, which might have pulled together some of these themes, is directly focused on possible modifications in current U.S. policy. But in general this is a valuable first step in analysis

of an important historical and contemporary dimension of drug use.

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B G Firkin and J A Whitworth, *Dictionary of medical eponyms*, New York and London, Parthenon Publishing, 1996, pp. viii, 443, illus., £35.00, \$59.00 (1-85070-477-5).

This dictionary presents some 2,185 personal names, biographies and descriptions of the diseases and similar medical items which go by these names. It is clearly a labour of love, and includes unexpected and surprising information, such as the cause of Guillotin's death. It is, however, not the only source of its kind, and intending users should note how it defines its field and whether it promises what they seek.

Its Introductions supply the field: "eponyms used in the practice of *internal medicine* [my italics] in Australia and probably in most of the English-speaking countries in the world". The unwary reader of the title *Dictionary of medical eponyms* might expect that people would be included after whom any item in medicine had been named: medicine to include surgery, midwifery, and sciences closely associated with medicine, and the items to include syndromes, diseases, tumours, surgical instruments, drugs, tests, organisms, units, reactions, and so forth. The present book's field is much narrower, although it extends beyond real people; a few fictitious people are included, such as Job and Ondine and Pickwick, and so are some places, such as Bornholm, Oroya, and the Rocky Mountains. Some items, for instance the Gigli saw and the Smith-Petersen nail, are in Australia apparently within the adventurous scope of internal medicine, yet might be regarded elsewhere as beyond it. But nothing is offered here about, for example, Ramstedt, Syme, Spencer Wells, Mayo, Gamgee, Esmarch, and such idols of surgery.

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The Introductions are also completely frank about another limitation: the “lack of acknowledgement or indication of the source of each individual entry”. The authors felt that they could not make good this lack without making the book too bulky, and instead offer only a list of seventeen principal sources of information. Users will look in vain for references to original descriptions of syndromes and the like—even, frustratingly, in the case of the “Sia Test”, which “is described in one of the few papers quoted from the *Chinese Medical Journal*” (but which?)! What they will find here typically is information to embellish a lecture to a medical audience (there are few concessions to lay incomprehension of medical terminology) on diseases and signs associated with internal medicine: definitions of diseases together with variable amounts of personal lore about their originators. Here is wealth for the liturgy of medical ancestor-worship.

No alternative source known to me attempts just the same task. But a number of similar or overlapping dictionaries exist, and can be compared with this one on two points in particular: their coverage (is the name there or not?), and the scope of the entries (do they include biographies or not?—and so forth). Since thousands of names are involved, one can make an approximate comparison by sampling: I listed the names on every tenth page as the “standard”, and then examined the comparable parts of any other dictionary to discover which names are included there and how many not covered here are added. Estimated percentages of names included and added can then be calculated. Coverage, of course, says nothing about the scope and quality of the entries.

Consider first one book of overlapping scope from South Africa, *The man behind the syndrome* (by Peter and Greta Beighton, Berlin, Springer-Verlag, 1986). It includes some 11 per cent of the names in the present work and adds some 5 per cent. The reason for the low figures is that it is aimed at those interested in medical genetics and the related history; so, whatever its title suggests, its scope is severely restricted to

conditions which are inherited in a fairly well understood way. Thus it provides photographs with biographies and references for 100 people after whom syndromes are named, and brief biographies with references for a further 110. Of course, all infectious diseases, for instance, are excluded, with much else that is found in works of wider scope.

Hamilton Bailey’s *Notable names in medicine and surgery* (4th edition, revised by Harold Ellis, London, H K Lewis, 1983) makes no claim to be comprehensive, because it includes only about 80 names in all, and is hardly intended for reference. Lourie’s *Medical eponyms: who was Coudé?* (London, Churchill, 1986) includes rather more, some 1,020 in all, and is very concise, but there are no references to original descriptions.

Stanley Jablonski’s *Dictionary of syndromes and eponymic diseases* (Malabar, Florida, Krieger, 1969) is now in need of updating. However, some 59 per cent of the names in Firkin & Whitworth are included, and 86 per cent not there are added. References to original descriptions are supplied as well as definitions of the syndromes and diseases, but not biographies. In Sergio I Magalini’s *Dictionary of medical syndromes* (3rd ed., Philadelphia, J B Lippincott, 1990) some 53 per cent of the names are included and 68 per cent are added. In addition, extensive original references are provided. These both seem good sources for a historian seeking information on a disease or syndrome.

To seek information about those after whom anything in medicine in its widest sense is named, the *International dictionary of medicine and biology* (3 vols, New York, John Wiley, 1986) can be used and shows 87 per cent included and a substantial 149 per cent added, reflecting its wide scope. Dates are provided of the birth, death, and profession of the person in question. Stedman’s *Medical dictionary* in its 26th edition (Baltimore, Williams & Wilkins, 1995) in a single large volume gives 81 per cent included and 91 per cent added; there are brief biographies but no references. The lengthy past of this work is reflected in the large number of medical and

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other persons who are mentioned because at some time something has been named after them. Historians may hope that future editions will not prune too much on the ground of obsolescence.

Manifestly there is no outright “best buy”: Firkin & Whitworth contain material not to be found elsewhere, and similarly much that they do not cover is available elsewhere. All depends on what you seek. They can correct in their next edition one trap for the seeker: an unfamiliar anomaly has consigned all the names starting with Mac or its variants to the end of all others starting with M, as if Mac were the next letter of the alphabet. Thus six people of Scots origin have been consigned to inaccessibility, unless by the index—but there is no index! The presence of this anomaly has in no way biased the present review.

John M Forrester, Edinburgh

A W Sloan, *English medicine in the seventeenth century*, Bishop Auckland, Durham Academic Press, 1996, pp. x, 215, illus., £12.00 (1-900838-00-1).

Since the publication of Charles Webster’s *The great instauration* some twenty years ago, there has been a considerable amount of scholarly attention focused on medicine in seventeenth-century England. There is therefore a need for a new work of synthesis which would introduce the historiography to students and general readers. This book is not it.

Professor Sloan is a retired physiologist with an interest in history, but he appears to have read nothing published in the 1990s. He cites works from the previous two decades, by Lucinda Beier, Harold Cook and Michael MacDonald, for example, only to confirm opinions drawn from a much older tradition in medical history. Thus, his account of Thomas Sydenham is based on works by J F Payne (1900) and Kenneth Dewhurst (1966), and he does not cite the more incisive analysis by Andrew Cunningham, even though he has seen the book which contains the essay. No study of

midwifery and childbirth more recent than 1982 is cited. Professor Sloan has looked at some primary printed sources, but he has not allowed them to influence his opinions. His familiarity with them can readily be judged. The leading Catholic natural philosopher, Sir Kenelm Digby, FRS, is described as a quack and writer on “pseudo-science”. James Primerose’s *Popular errors* is cited by its subtitle and the translation is ascribed not to the famous Robert Wittie but to “Wilkie”.

One struggles to find something good to say about what has clearly been a labour of love, but in vain. This book is crammed with misunderstandings and myths. Professor Sloan does not understand medical licensing, despite there being an extensive literature on the subject. He believes that Paracelsianism consisted mainly in the prescription of mercury and sulphur. His midwives are illiterate incompetents, inflicting a high perinatal mortality rate. William Harvey practised as a man-midwife. There were no attempts to supply towns with clean water.

This book cannot be recommended for any category of novice reader. The judgements and phrasing throughout are simply too modern-minded to be useful.

David Harley, Oxford

Joan Lane, *John Hall and his patients: the medical practice of Shakespeare’s son-in-law*, medical commentary by Melvin Earles, Stratford-upon-Avon, The Shakespeare Birthplace Trust and Alan Sutton, 1996, pp. lii, 378, illus., £39.95 (0-7509-1094-1).

In Joan Lane’s new edition of John Hall’s (1575?–1635) seventeenth-century medical case notes, Stratford-upon-Avon and vicinity comes to life, not as the birthplace of Hall’s father-in-law, William Shakespeare, but as the centre of a medical practice whose theatre of operations extended above twenty miles in all directions, covering ground in Warwickshire, Worcestershire, Gloucestershire, and Oxfordshire. Translated from the Latin and